

1ST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>1020840</i>	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3	1						53					
4		1					54					
5			1				55					
6			1				56					
7			1				57					
8			1				58					
9			1				59					
10			1				60					
11			1				61					
12		1					62					
13	1						63					
14		1					64					
15		1					65					
16	1						66					
17							67					
18							68					
19				1			69					
20				1			70					
21	1						71					
22	1						72					
23		1					73					
24			1				74					
25			1				75					
26			1				76					
27		1					77					
28							78					
29							79					
30							80					
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32							82					
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36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	8						TOTAL IND.					
TOTAL DEP.		1	1	1	1	1	TOTAL DEP.		1	1	1	1
TOTAL CLAIMS	28						TOTAL CLAIMS					